

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # V05806

1. Entity Name
J & J MILLWORK, INC.



Principal Place of Business

200 N HOLLY AVE
SANFORD, FL 32771 US

Mailing Address

200 N HOLLY AVE
SANFORD, FL 32771 US



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3101554

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLACK, JEFF N
200 N HOLLY AVE
SANFORD, FL 32771

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT
NAME CLACK, JEFF N
STREET ADDRESS 1866 LONGWOOD LK MARY RD
CITY-ST-ZIP LONGWOOD, FL 32750

TITLE VP
NAME CASTO, JAMES
STREET ADDRESS 105 SWEETBRIAR BRANCH
CITY-ST-ZIP LONGWOOD, FL 32750

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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000000780556
01/14/08-80027-012 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jeff N. Clack, Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-08 407-324-2331

Date

Daytime Phone #